

## 2700 INTERNAL TRANSFER REQUEST FOR S.N.

09/936,293

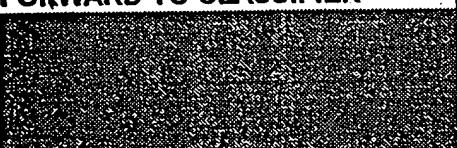
|  |                  |              |
|--|------------------|--------------|
| DATE: <u>3/12/02</u>   | FROM: <u>Lee</u> | (print name) |
| <b>REASON(S):</b>  |                  |              |
| A. You had Parent <input type="checkbox"/> (check box)<br>B. See Title <input type="checkbox"/> (check box)<br>C. See Abstract <input type="checkbox"/> (check box)<br>D. See Claim(s): <u>/</u> |                  |              |
| <b>FORWARD TO:</b>   |                  |              |
| A. Art Unit: <u>2684</u>   |                  |              |
| B. Class: <u>455</u>   |                  |              |
| C Subclass: <u>550</u>   |                  |              |

**FURTHER EXPLANATION IF NEEDED:**

*Radio-telephone equipment detail.*

|   |             |              |
|---|-------------|--------------|
| DATE: _____   | FROM: _____ | (print name) |
| <b>REASON(S):</b>   |             |              |
| A. You had Parent <input type="checkbox"/> (check box)<br>B. See Title <input type="checkbox"/> (check box)<br>C. See Abstract <input type="checkbox"/> (check box)<br>D. See Claim(s): _____ |             |              |
| <b>FORWARD TO:</b>  |             |              |
| A. Art Unit: _____  |             |              |
| B. Class: _____   |             |              |
| C Subclass: _____   |             |              |

**FURTHER EXPLANATION IF NEEDED:**

|   |             |              |
|---|-------------|--------------|
| DATE: _____   | FROM: _____ | (print name) |
| <b>REASON(S):</b>   |             |              |
| A. You had Parent <input type="checkbox"/> (check box)<br>B. See Title <input type="checkbox"/> (check box)<br>C. See Abstract <input type="checkbox"/> (check box)<br>D. See Claim(s): _____ |             |              |
| <b>FORWARD TO CLASSIFIER</b>  |             |              |
|   |             |              |

**FURTHER EXPLANATION IF NEEDED:****DISPOSITION BY 2700 CLASSIFICATION**

|   |                   |  |
|---|-------------------|--|
| DATE: _____   | CLASSIFIER: _____ |  |
| <b>REASON(S):</b>   |                   |  |
| A. You had Parent <input type="checkbox"/> (check box)<br>B. See Title <input type="checkbox"/> (check box)<br>C. See Abstract <input type="checkbox"/> (check box)<br>D. See Claim(s): _____ |                   |  |
| <b>FORWARD TO:</b>  |                   |  |
| A. Art Unit: _____  |                   |  |
| B. Class: _____   |                   |  |
| C Subclass: _____   |                   |  |

**FURTHER EXPLANATION IF NEEDED:**